



PELTZ, KIRELLART, MAJOR
AND ASSOCIATES, LLC



Date: 8-14-06

INSURANCE INFORMATION

We will need a copy of your insurance card if insurance is to be billed.

Client Name: Evan Matthew Harris

Insured's Telephone No (if different from client): _____
Home _____ Work _____

Employer's Name: New Orleans Nephrology Associates

Client's relationship to insured: son

Is patient's condition related to: ☐ Employment (current or previous)
☐ Auto Accident If so, in what state? _____
☐ Other Accident
☒ None of the Above

Is there secondary insurance which also should be billed? no

Secondary Insurance Name: _____ Group/Plan No: _____

Name of Insured (if different from above): _____

Date of Birth of Insured: _____

Insured I.D. No: _____ Insured's Employer: _____

I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment.
I authorize payment of medical benefits to PKM and Associates, LLC

Evan Harris
Patient or authorized person signature